

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
INNOCENT OWNER/OPERATOR PROGRAM (IOP) APPLICATION  
INSTRUCTIONS**

The information provided on the Innocent Owner/Operator Program (IOP) Application and the Site Investigation Report (SIR) will be used to determine an Applicant's eligibility to receive an IOP Certificate. It is imperative that the application be complete and accurate; otherwise, the Texas Commission on Environmental Quality (TCEQ) may determine that the Application provides inconclusive information and that it cannot issue an IOP Certificate. The Application must include an attached SIR with information sufficient for the TCEQ to determine the Applicant's Innocent Owner/Operator status.

**General Site Information**

This section requests site specific information and should be completed in the greatest detail possible.

**Applicant(s)**

Applicants requesting an IOP Certificate must own or operate the site before it can be issued. Applicant A should be the person who is requesting the IOP Certificate and who agrees to pay agency oversight costs. In addition to the Applicant's name and address, please describe the Applicant's interest in the property (e.g., owner, tenant, potential purchaser, etc).

If billing should be directed to another person or address, please provide this information in the Billing Information Section on page 3. IOP project manager hours expended in reviewing the Application are charged against the \$1,000 application fee based upon an annually calculated billing rate. In September of each year, an estimate of the costs recoverable to administer the IOP are calculated and the resulting billing rate is published in the Texas Register.

**Current Site Owner**

If the current site owner is not included as an Applicant (i.e., the prospective owner or operator is the applicant), then provide the requested information for the current site owner.

**Person From Whom Site Was Acquired**

Information regarding the prior owner or operator and their activities at the site should be included in the Application to aid in TCEQ assessment of potential contamination sources.

**Other Contacts**

If others are involved in the IOP certification process, such as an environmental consultant or legal representative, please provide the requested information for this person. This should be in the Applicant's determination, the person with the greatest capability to provide site specific information and make decisions related to the IOP application.

**Billing Information**

If the billing is to be directed to someone other than Applicant A, provide the requested information and have that person sign, indicating their consent to payment of the TCEQ oversight costs.

## **Current Property Use**

Check the correct category or provide a more appropriate description under "Other". If the property is divided into more than one use category, indicate this by providing the percent of the land area used for each land use category.

## **Involvement with Other Regulatory Programs**

Describe in detail any contact with other state or federal regulatory programs. Please provide names, dates, inspections, permit numbers and any actions taken as a result of these contacts. It is especially important to describe any order, notice of violation, permit or inspection related to the Site, as this may directly impact the eligibility of the Site for participation in the IOP. If there has been no prior contact with any state or federal environmental regulatory agency, this must also be clearly indicated. This section must not be left blank.

## **Site Investigation Report (SIR)**

The SIR must be enclosed with the IOP application form. It is very important that the SIR conform to the IOP SIR Checklist.

## **Basis for Seeking Certification**

The purpose of this section is to provide information to the TCEQ which describes the basis under which the Applicant is requesting an IOP Certificate: §361.751(2) or under §361.752(b) of the Texas Solid Waste Disposal Act.

## **Adjacent Property Information**

The purpose of this section is to provide adjacent landowner information to the TCEQ. The Applicant(s) is required to notify adjacent landowners that the Applicant has applied for an IOP Certificate through the TCEQ. As shown in the example notice form letter attached to the application form, the notice should include the names of all the persons or entities seeking an IOP Certificate, a statement that all IOP application information is public record and as such can be viewed or copied at the TCEQ, and that adjacent landowners may submit at their discretion, any additional information regarding the subject IOP site for further TCEQ review. Adjacent landowners that wish to respond to the notice must do so within 14 days of notice receipt. The IOP Applicant must submit copies of the notice letter and the signed receipts indicating that delivery occurred, to the TCEQ within 7 days after receipt of these documents.

## **How Long Does it Take to Process Applications?**

Applications will be processed in less than 45 days. If the submitted application is determined to be incomplete, the TCEQ will provide the Applicant with a list of items needed to make the application complete or reasons why the information provided in the application was insufficient for issuance of a certificate.

Revised 8/14/98

**ATTENTION: Please do not submit this application without attaching a CORE Data Form (TNRCC- 10400). If you do not submit this form, TCEQ will not be able to process the application in a timely manner. You may find this form at:**

**<http://www.tceq.state.tx.us/permitting/projects/cr/10400.pdf>**

## OFFICE USE ONLY

PCA number: \_\_\_\_\_

IOP Project number: \_\_\_\_\_

## **TEXAS COMMISSION ON ENVIRONMENTAL QUALITY INNOCENT OWNER/OPERATOR PROGRAM**

### **Program Application**

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Please complete this form and Texas Commission on Environmental Quality (TCEQ) Form 10400 to request certification from the TCEQ's Innocent Owner/Operator Program (IOP) pursuant to Subchapter V of the Texas Solid Waste Disposal Act (SWDA) and the IOP Certification Rules (30 Texas Administrative Code - Subchapter B). Please enclose a Site Investigation Report (SIR) with this form which conforms to the information requested in the IOP SIR Checklist. You may download this document, TCEQ Form 10400 and all other IOP forms via the Internet at <http://www.tceq.state.tx.us/permitting/remed/vcp/iop.html>.

Complete all applicable sections. The TCEQ may deny issuance of an Innocent Owner/Operator Certificate (IOC) if this application is incomplete. Please refer to the IOP Application Instructions or call the TCEQ's Voluntary Cleanup Section at (512) 239-5891 with any questions concerning the completion of this form.

### **General Site Information**

Site Name \_\_\_\_\_

Site Size (acres) \_\_\_\_\_

Regulated Entity Reference No. (if issued): CN- \_\_\_\_\_

### **Applicant(s)**

**Applicant A** (The person or entity requesting issuance of an IOC from TCEQ. Applicant A will be the primary contact person for receipt of TCEQ correspondence, unless the TCEQ IOP Project Manager is notified otherwise in writing. Applicant A is responsible for payment of TCEQ costs of review and oversight, unless indicated otherwise on page 3 of this form).

Applicant \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Customer Reference No. (if issued): CN- \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Interest in Site (please check): Current owner \_\_\_\_\_ Current operator \_\_\_\_\_ Prospective owner \_\_\_\_\_ Prospective operator \_\_\_\_\_ Source property owner \_\_\_\_\_ Source property operator \_\_\_\_\_

Other (please describe): \_\_\_\_\_ To receive copies of TCEQ correspondence? Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant B** (An additional person or entity requesting issuance of an IOC from the TCEQ).

Applicant \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Customer Reference No. (if issued): CN- \_\_\_\_\_  
Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Interest in Site (please check): Current owner \_\_\_\_\_ Current operator \_\_\_\_\_ Prospective owner \_\_\_\_\_  
Prospective operator \_\_\_\_\_ Source property owner \_\_\_\_\_ Source property operator \_\_\_\_\_  
Other (please describe): \_\_\_\_\_  
To receive copies of TCEQ correspondence? Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant C** (An additional person or entity requesting issuance of an IOC from the TCEQ).

Applicant \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Customer Reference No. (if issued): CN- \_\_\_\_\_  
Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Interest in Site (please check): Current owner \_\_\_\_\_ Current operator \_\_\_\_\_ Prospective owner \_\_\_\_\_  
Prospective operator \_\_\_\_\_ Source property owner \_\_\_\_\_ Source property operator \_\_\_\_\_  
Other (please describe): \_\_\_\_\_  
To receive copies of TCEQ correspondence? Yes \_\_\_\_\_ No \_\_\_\_\_

### **Current Site Owner (if different from an Applicant)**

Owner(s) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
To receive copies of TCEQ correspondence? Yes \_\_\_\_\_ No \_\_\_\_\_

**IMPORTANT - Please attach a completed form TCEQ-10400 for each applicant and the current site owner.**

### **Other Contacts (Consultant/Attorney)**

Name(s) \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To receive copies of TCEQ correspondence? Yes \_\_\_\_\_ No \_\_\_\_\_

Name(s) \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
To receive copies of TCEQ correspondence? Yes \_\_\_\_\_ No \_\_\_\_\_

## Billing Information

If billing should be directed to a person other than Applicant A, please enter the required information below and include their signature consenting to payment of TCEQ review and oversight costs.

Name(s) \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Federal Taxpayer Identification Number \_\_\_\_\_

Signature of Consent: \_\_\_\_\_

## Current Site Use (Use percentage if site is divided into different use categories)

Residential \_\_\_\_\_ Agricultural \_\_\_\_\_ Other \_\_\_\_\_  
Commercial Industrial \_\_\_\_\_ Recreational \_\_\_\_\_

## Latitude/Longitude

Latitude (degrees, min., sec., N or decimal degrees) \_\_\_\_\_  
Longitude (degrees, min., sec., W or decimal degrees) \_\_\_\_\_

Date of collection \_\_\_\_\_ Organization providing collection data \_\_\_\_\_

Check the method used to determine latitude and longitude:

\_\_\_\_\_ GPS - Real Time Differentially Corrected \_\_\_\_\_  
\_\_\_\_\_ GPS - Post Processed Differentially Corrected \_\_\_\_\_  
\_\_\_\_\_ Map Interpolation - Manual \_\_\_\_\_  
\_\_\_\_\_ Map Interpolation - Digital \_\_\_\_\_  
\_\_\_\_\_ DOQQ \_\_\_\_\_

If using GPS, please state professional unit brand name, model number and accuracy tolerances.  
If using Map Interpolation, please state which USGS quad map was used for interpolation.  
If using DOQQ Interpolation, please state which DOQQ was used for interpolation.

Does the latitude/longitude listed above refer to the:

\_\_\_\_\_ Center of the property?  
\_\_\_\_\_ Main entrance to the property  
\_\_\_\_\_ Other, please describe \_\_\_\_\_

## Contaminated Media and Contaminants Present

Please check the chemicals of concern within each contaminant category and the media which have been affected:

Contaminant Category	Soil	Groundwater	Surface Water	Sediment
*VOCs				
*SVOCs				
*Heavy Metals				
*Chlorinated Solvents				
Pesticides				
TPH				
PCBs				
Other _____				

\*Please describe \_\_\_\_\_

## Involvement With Other Regulatory Programs

Please describe **all** prior involvement with any state or federal environmental regulatory programs or agencies, including any orders, permits, notices of violations or inspections. Also provide **all** state and federal identification numbers related to the site, including any solid waste, Leaking Petroleum Storage Tank, Comprehensive Environmental Response Compensation and Liability Information System, Resource Conservation Recovery Information System, Voluntary Cleanup Program, etc., registration numbers which have been assigned. Attach additional sheets as necessary. Indicate NONE if no prior involvement has occurred.

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## Site Investigation Report (SIR)

Two copies of the SIR conforming with the information requested in the attached IOP SIR Checklist must be enclosed with the application.

## Owner/Operator Status

The following statements relate to Applicant A's basis for requesting an IOC. If Applicant A is applying as the billing party only and is not requesting an IOC, please check here: \_\_\_\_\_. *If this is the case, you may skip the remaining statements in this subsection.* Each applicant in addition to Applicant A, if any, must complete a separate Supplemental Owner/Operator Status Form and attach it to this application.

Please place an "X" in the blank next to the most applicable scenario:

\_\_\_\_\_ The Site has become contaminated as a result of a release or migration of contaminants from a source or sources not located at the Site, and I did not cause or contribute to the off-site source or sources of the contamination [SWDA §361.751(2)], OR

\_\_\_\_\_ In addition to the above SWDA §361.751(2) scenario, I am the owner of the Site and I acquired it from the person who caused the release while it was still a portion of the tract on which the source of a release of contaminants is located. Before acquiring the tract, I completed an appropriate inquiry consistent with good commercial practice and as a result I did not know or have reason to know of the contamination at the Site [SWDA §361.752(b)]. I have included a copy of the "appropriate inquiry" site assessment as Attachment "A" of the SIR.

Please mark "True", "False", or "NA" for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

**True   False   NA**

Q	Q		The Site has become contaminated <u>exclusively</u> as a result of a release or migration of contaminants from a source or sources of contamination not located on or at the site.
Q	Q	Q	Contamination is present on the site from on-site sources but has been demonstrated to be distinct or divisible from the contamination that has originated from the off-site source.
Q	Q	Q	I presently own, operate or have economic interests in land or operations within ¼ mile of the site.
Q	Q	Q	I formerly owned, operated or had economic interests in land or operations within ¼ mile of the site.
Q	Q	Q	I have conducted activities on property adjacent to the site that may have caused or contributed to contamination on the site.



## Adjacent Property Owner Information

Pursuant to 30 TAC §333.36(a) of the IOP rules, the Applicant shall notify all adjacent property owners of the Applicant's intent to obtain an IOC. The rules state that the Applicant shall mail notice of the application by certified mail, return receipt requested, to property owners adjacent to the site within 14 days of submitting the IOP application form to the TCEQ. Please refer to the IOP Application Instructions for more details regarding the notification process.

Please complete the following contact information and submit a vicinity map or aerial photograph with a description of each adjacent property's location relative to the site. Additional space is provided in the attachment titled "Supplemental Adjacent Property Information."

### Property A located \_\_\_\_\_ (direction from the site)

Owner(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of land use/business \_\_\_\_\_

### Property B located \_\_\_\_\_ (direction from the site)

Owner(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of land use/business \_\_\_\_\_

### Property C located \_\_\_\_\_ (direction from the site)

Owner(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone (    )                      Fax (    ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of land use/business \_\_\_\_\_

**Property D located \_\_\_\_\_ (direction from the site)**

Owner(s) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone (    )                      Fax (    ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of land use/business \_\_\_\_\_

## **Intent to Participate**

The undersigned requests certification by the TCEQ that the site has become contaminated as a result of a release or migration of contaminants from a source or sources not located on or at the Site and that the Applicant(s) identified as owner(s) and/or operator(s) requesting an IOC have not contributed to the source or sources of the contamination referred to above. In order for the TCEQ to issue an IOC, the Applicant must provide adequate information to describe the specific contaminants which were released or migrated from a source or sources not located on or at the site. By completing and signing this Application, the Applicant or other responsible billing party designated herein agrees to pay for all TCEQ oversight costs, and state that they have the financial capability to perform actions necessary to affirm their Innocent Owner/Operator status. The TCEQ may request additional information to support this affirmation.

The Applicant does not admit or assume liability for investigation of the site. In addition, the Applicant may withdraw this Application at any time. If the TCEQ denies the Application, it will notify the Applicant and explain the reasons for denial.

## **Deposit of Oversight Costs**

The Applicant must submit with this Application a deposit in the amount of one thousand dollars (\$1,000.00) made payable to the TCEQ. Deposits may be made in the form of company or personal checks. Cash deposits will not be accepted.

**Please execute this Intent to Participate in the space below and return it to:**

**Attention: Cashier**  
Texas Commission on Environmental Quality  
MC- 214  
P.O. Box 13088  
Austin, Texas 78711-3088

**For overnight or express mail please use the following street address:**

**Attention: Cashier**  
Texas Commission on Environmental Quality  
MC-214  
12100 Park 35 Circle  
Austin, Texas 78753

***In order to expedite the application with attachments, please be sure to send all documents to the Cashier's Office. Do not send directly to the Voluntary Cleanup Section.***

## Statement of Eligibility

The Executive Director of the TCEQ may deny issuance of an IOC for one or more of the following reasons: the application is incomplete; insufficient information is provided in the application or SIR to allow the TCEQ to properly evaluate the Applicant's eligibility for an IOC; the Applicant refuses to grant reasonable access to the site; or information demonstrates that the Applicant is not an innocent owner or operator (see 30 TAC §333.39).

The Executive Director may revoke an IOC if the TCEQ determines that the Applicant: withheld or misrepresented information in the Application; the Applicant fails to properly maintain required institutional and/or engineering controls; the Applicant fails to pay all agency costs relating to the issuance of the IOC within 180 days of issuance; or if the Applicant or the TCEQ discovers new information that would no longer qualify the Applicant as an innocent owner or operator (see 30 TAC §333.40).

## Providing Additional Information

The TCEQ may require the Applicant to conduct further sampling and/or submit additional information during the review of this Application.

## Access

The Applicant shall grant reasonable access to any person designated by the TCEQ for purposes of investigation or remediation as required by the SWDA §361.752 (c). The Applicant must also provide access to the TCEQ, its employees, contractors or agents pursuant to the SWDA §361.752(d). The Applicant must allow access to the site during the pendency of the Application and thereafter. The TCEQ may revoke an IOC if the Applicant fails to provide reasonable access (see 30 TAC §333.40).

## Administrative Costs

Applicant A or other responsible billing party designated on page 2 of this application agrees to reimburse the TCEQ for all of its costs associated with review and processing of the Application. These costs may include direct and indirect costs of overhead, salaries, equipment, and utilities; legal, management, and support costs associated with the review of the Applicant's work plans and reports, and oversight of field activities, if any.

The TCEQ will track costs for review and oversight activities related to the site and provide monthly invoices to the person responsible. The Applicant or other responsible billing party shall pay these invoiced costs to the TCEQ within 30 days after receiving the TCEQ bill. If payment is not made within 30 days, the TCEQ will request the Attorney General to initiate civil proceedings to recover these costs.

Checks shall be made payable to the TCEQ and be mailed together with a transmittal letter stating the site name and IOP number and addressed to the Texas Commission on Environmental Quality, MC-214, **Attention: Cashier**, P.O. Box 13088, Austin, Texas, 78711-3088.

In the event that this Application is withdrawn for any reason, Applicant or other responsible billing party agrees to reimburse the TCEQ for all costs incurred or obligated by the TCEQ before notice of withdrawal of the Application.

## Verification

The Applicant understands the provisions of this Application and affirms that the information provided herein is true and accurate.

## Applicant's Signatures

### Applicant A

By: \_\_\_\_\_  
(signature of authorized  
representative)

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_  
(print or type)

Title: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

### Applicant B

By: \_\_\_\_\_  
(signature of authorized  
representative)

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_  
(print or type)

Title: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

### Applicant C

By: \_\_\_\_\_  
(signature of authorized  
representative)

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Name: \_\_\_\_\_  
(print or type)

Title: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

## Supplemental Owner/Operator Status Form

**Applicant** \_\_\_\_\_ (please specify Applicant B, C, D, etc).

Each Applicant desiring an IOC must complete the following statements in order to help TCEQ determine the basis for their request. If Applicant is applying as the billing party only and is not requesting an IOC, please check here: \_\_\_\_\_. *If Applicant is applying as the billing party only and is not requesting a IOC, you may skip the remaining statements on this form.*

Please place an "X" in the blank next to the most applicable scenario:

\_\_\_\_\_ The site has become contaminated as a result of a release or migration of contaminants from a source or sources not located at the site, and I did not cause or contribute to the off-site source or sources of the contamination [SWDA §361.751(2)], OR

\_\_\_\_\_ In addition to the above SWDA §361.751(2) scenario, I am the owner of the site and I acquired it from the person who caused the release while it was still a portion of the tract on which the source of a release of contaminants is located. Before acquiring the tract, I completed an appropriate inquiry consistent with good commercial practice and as a result I did not know or have reason to know of the contamination at the site [SWDA §361.752(b)]. I have included a copy of the "appropriate inquiry" site assessment as Attachment "A of the SIR.

Please mark "True" or "False" for each of the following statements. A detailed discussion of each applicable issue should be included in the IOP SIR.

**True   False   NA**

Q      Q      Q      The site has become contaminated exclusively as a result of a release or migration of contaminants from a source or sources of contamination not located on or at the site.

Q      Q      Q      Contamination is present on the site from on-site sources but has been demonstrated to be distinct or divisible from the contamination that has originated from the off-site source.

Q      Q      Q      I presently own, operate or have economic interests in land or operations within ¼ mile of the site.

Q      Q      Q      I formerly owned, operated or had economic interests in land or operations within ¼ mile of the site.

Q      Q      Q      I have conducted activities on property adjacent to the site that may have caused or contributed to contamination on the site.

I affirm that the above information regarding my Owner/Operator Status is true and accurate.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(print or type)

## Supplemental Adjacent Property Information

Owner(s) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Type of  
land use/business \_\_\_\_\_

Owner(s) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Type of  
land use/business \_\_\_\_\_

Owner(s) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Type of  
land use/business \_\_\_\_\_

Owner(s) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Type of  
land use/business \_\_\_\_\_